

Please type a plus sign (+) inside this box ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Approved for use through 10/31/2002 OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration
Submitted
with Initial
Filing

OR

☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	P02138US0
First Named Inventor	Per Andersson, et al.
COMPLETE IF KNOWN	
Application Number	09/812,123
Filing Date	March 19, 2001
Group Art Unit	1743
Examiner Name	Not Yet Assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A MICROFLUIDIC SYSTEM (EDI)

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 03/19/2001 as United States Application Number or PCT International Application No. and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, with return receipt, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231, on the date shown below.

Dated 6-26-01 Signature Staci V. Harris (Staci V. Harris)

Please type a plus sign (+) inside this box ☐

PTO/SB/01 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:

☐ Customer Number or
Bar Code Label

OR ☒ Correspondence address below

Name FULBRIGHT & JAWORSKI L.L.P.
Melissa W. Acosta

Address 1301 McKinney, Suite 5100

City Houston **State** TX **ZIP** 77010-3095

Country US **Telephone** (713) 651-5151 **Fax** (713) 651-5246

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under 18 U.S.C. 1001 and that such willful false statements may jeopardize the

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Per

Family Name
or Surname

Andersson

Inventor's
Signature

Date 10-06-97

Residence: City Uppsala

State

Country Sweden

Citizenship

Mailing
Address:

Botvidsgatan 3c

City Uppsala

State

ZIP SE 753 29

Country Sweden

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Helene

Family Name
or Surname

Derand

Inventor's
Signature

Date 10-06-97

Residence: City Taby

State

Country Sweden

Citizenship

Mailing
Address:

Enstavagen 33

City Taby

State

ZIP SE 187 35

Country Sweden

☒

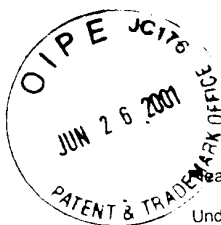
Additional inventors are being named on the

1

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Magnus		Family Name or Surname Gustafsson	
Inventor's Signature <i>Magnus</i>		Date 06/8 01	
Residence: City Solna	State	Country Sweden	Citizenship
Mailing Address: Tornbacken 10			
City Solna	State	ZIP SE 170 67	Country Sweden
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Anders		Family Name or Surname Palm	
Inventor's Signature <i>Anders</i>		Date 06/8 01	
Residence: City Uppsala	State	Country Sweden	Citizenship
Mailing Address: Svampvagen 8a			
City Uppsala	State	ZIP SE 756 95	Country Sweden
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Susanne		Family Name or Surname Wallenborg	
Inventor's Signature <i>Susanne</i>		Date 06/8 01	
Residence: City Uppsala	State	Country Sweden	Citizenship
Mailing Address: Domherrevagen 15A			
City Uppsala	State	ZIP SE 756 45	Country Sweden
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing			
City State			



Please type a plus sign (+) inside this box ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/812,123
Filing Date	March 19, 2001
First Named Inventor	Per Andersson
Title	A MICROFLUIDIC SYSTEM (EDI)
Group Art Unit	N/A
Examiner Name	Not Yet Assigned
Attorney Docket No.	HO-P02138US0

I hereby appoint:

☒ Practitioners at Customer Number

26,271

Customer Number

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

Customer Number

OR

Customer Number Bar Code

☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Assignee

Gyros, A.B.

Name

Håkan Bergander

*Total of

1

forms are submitted